

HERITAGE SQUARE HEALTHCARE CTR
5404 W LOOMIS RD

GREENDALE 53129 Phone:(414) 421-0088
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 100
Total Licensed Bed Capacity (12/31/04): 100
Number of Residents on 12/31/04: 89

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? No
Average Daily Census: 84

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No					1 - 4 Years	10.1
Supp. Home Care-Personal Care	No					More Than 4 Years	1.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	10.1		
Day Services	No	Mental Illness (Org./Psy)	7.9	65 - 74	14.6		
Respite Care	No	Mental Illness (Other)	1.1	75 - 84	41.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33.7		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0		
Congregate Meals	No	Cancer	7.9			Full-Time Equivalent	
Home Delivered Meals	No	Fractures	14.6			Nursing Staff per 100 Residents	
Other Meals	No	Cardiovascular	19.1	65 & Over	89.9	(12/31/04)	
Transportation	No	Cerebrovascular	11.2				
Referral Service	No	Diabetes	6.7	Gender	%	RNs	18.6
Other Services	Yes	Respiratory	1.1			LPNs	19.1
Provide Day Programming for		Other Medical Conditions	30.3	Male	25.8	Nursing Assistants,	
Mentally Ill	No			Female	74.2	Aides, & Orderlies	34.7
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	63	100.0	388	0	0.0	0	0	0.0	0	17	100.0	209	0	0.0	0	9	100.0	354	89	100.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	63	100.0		0	0.0		0	0.0		17	100.0		0	0.0		9	100.0		89	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	4.7	Bathing	12.4	61.8	25.8	89
Private Home/With Home Health	0.0	Dressing	18.0	69.7	12.4	89
Other Nursing Homes	0.6	Transferring	22.5	61.8	15.7	89
Acute Care Hospitals	94.6	Toilet Use	25.8	58.4	15.7	89
Psych. Hosp.-MR/DD Facilities	0.0	Eating	62.9	31.5	5.6	89
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.1					
Total Number of Admissions	866	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	13.5	Receiving Respiratory Care		3.4
Private Home/No Home Health	33.5	Occ/Freq. Incontinent of Bladder	43.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	19.5	Occ/Freq. Incontinent of Bowel	39.3	Receiving Suctioning		0.0
Other Nursing Homes	5.0			Receiving Ostomy Care		6.7
Acute Care Hospitals	26.1	Mobility		Receiving Tube Feeding		5.6
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		18.0
Rehabilitation Hospitals	0.0					
Other Locations	10.9	Skin Care		Other Resident Characteristics		
Deaths	5.0	With Pressure Sores	18.0	Have Advance Directives		39.3
Total Number of Discharges		With Rashes	1.1	Medications		
(Including Deaths)	865			Receiving Psychoactive Drugs		25.8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.0	86.4	0.97	86.5	0.97	87.3	0.96	88.8	0.95
Current Residents from In-County	91.0	85.0	1.07	87.0	1.05	85.8	1.06	77.4	1.18
Admissions from In-County, Still Residing	8.3	18.1	0.46	18.9	0.44	20.1	0.41	19.4	0.43
Admissions/Average Daily Census	1031.0	199.9	5.16	188.2	5.48	173.5	5.94	146.5	7.04
Discharges/Average Daily Census	1029.8	201.1	5.12	190.4	5.41	174.4	5.90	148.0	6.96
Discharges To Private Residence/Average Daily Census	546.4	83.1	6.58	77.5	7.05	70.3	7.77	66.9	8.16
Residents Receiving Skilled Care	100	95.8	1.04	95.9	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	89.9	84.4	1.07	90.5	0.99	90.7	0.99	87.9	1.02
Title 19 (Medicaid) Funded Residents	0.0	61.2	0.00	56.3	0.00	56.7	0.00	66.1	0.00
Private Pay Funded Residents	19.1	13.7	1.39	22.2	0.86	23.3	0.82	20.6	0.93
Developmentally Disabled Residents	0.0	1.2	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	9.0	30.0	0.30	29.0	0.31	32.5	0.28	33.6	0.27
General Medical Service Residents	30.3	23.2	1.31	25.4	1.19	24.0	1.26	21.1	1.44
Impaired ADL (Mean)	43.6	52.9	0.82	52.6	0.83	51.7	0.84	49.4	0.88
Psychological Problems	25.8	51.7	0.50	55.4	0.47	56.2	0.46	57.7	0.45
Nursing Care Required (Mean)	6.6	8.4	0.79	7.7	0.86	7.7	0.85	7.4	0.89